

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H83292

FILED
Jan 21, 2009
Secretary of State

Entity Name: GROVES & ASSOCIATES INSURANCE, INC.

Current Principal Place of Business:

1149 CREIGHTON RD. SUITE 3
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

1149 CREIGHTON RD. SUITE 3
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 59-2591831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDAVID, R.M.
717 SOUTH PALAFXO STREET
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: GROVES, MICHELE F PSTD
Address: 1150 NORTHBROOK DR.
City-St-Zip: PENSACOLA, FL 32504 US

Title: D () Delete
Name: GROVES, DANIEL W VP
Address: 1150 NORTHBROOK DRIVE
City-St-Zip: PENSACOLA, FL 32504 US

Title: D () Delete
Name: FAYARD, GREGORY P DIR
Address: 4250 LANGLEY AVENUE
City-St-Zip: PENSACOLA, FL 32504 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE F GROVES

PRES

01/21/2009

Electronic Signature of Signing Officer or Director

_____ Date